FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 1131237



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)

SEC USE ONLY Prefix Serial

Date Received

Carbonyx, inc.	
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Straight Type of Filing: [X] New Filing [] Amendment	Section 4(6) [] ULOE
A. BASIC IDENTIFICATION DATA	PROCESSED
I. Enter the information requested about the issuer	- INOLOGED
	SEP 0 1 2004
Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.)	5
Carbonyx, Inc.	HOMSUN
	hone Number (Including Area Code)
1255 W. 15 th Street, Suite 320, Plano, Texas 75075 (972) 943-	2255
	hone Number (Including Area Code)
(if different from Executive Offices)	((() () () () () ()
Development of Commercial Production/Beta Facility for working capital	
Brief Description of Business	04041572
Type of Business Organization	• `
[X] corporation [] limited partnership, already formed [] other (please specify [] business trust [] limited partnership, to be formed	у):
Actual or Estimated Date of Incorporation or Organization April 2000	. [X] Actual [] Estimate
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	[A] Actual [] Dillinate
CN for Canada; FN for other foreign jurisdiction)	[DE]
GENERAL INSTRUCTIONS FEDERAL: Who must file: All issuers making an offering of securities in reliance on an exemption under Regulation D or Sectio 77d(6).	on 4(6), 17 CFR 230.501 et seq. or 15 U.S.C
When to file: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed commission (SEC) on the earlier of the date it is received by the SEC at the address given below, or if received at that address a it was mailed by United States registered or certified mail to that address.	filed with the U.S. Securities and Exchang after the date on which it is due, on the dat
Where to file: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	

 $\underline{Filing\;Fee};\;There\;is\;no\;federal\;filing\;fee.$

the manually signed copy or bear typed or printed signatures.

STATE: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

ATTENTION

Failure to file notice in the appropriate states will not result in loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - * Each promoter of the issuer, if the issuer has been organized within the past five years;
 - * Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - * Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - * Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter [x] Beneficial Owner [x] Executive Officer [x] Director [] General and/or Managing Partner

Full Name (Last name first, if individual)

Dr. Siddhartha Gaur

Business or Residence Address (Number and Street, City, State, Zip Code)

1255 W. 15th Street, Suite 320, Plano, Texas 75075

Check Box(es) that Apply:[]Promoter []Beneficial Owner [X]Executive Officer [] Director []General and/or Managing Partner

Full Name (Last name first, if individual)

Dr. Vibha Bansal

Business or Residence Address (Number and Street, City, State, Zip Code)

1255 W. 15th Street, Suite 320, Plano, Texas 75075

Check Box(es) that Apply: []Promoter []Beneficial Owner []Executive Officer [X]Director []General and/or Managing Partner

Full Name (Last name first, if individual)

Michael S. Bickers

Business or Residence Address (Number and Street, City, State, Zip Code)

1255 W. 15th Street, Suite 320, Plano, Texas 75075

Check Box(es) that Apply:[]Promoter []Beneficial Owner []Executive Officer [X]Director [] General and/or Managing Partner

Full Name (Last name first, if individual)

<u> Arvind K. Roy</u>

Business or Residence Address (Number and Street, City, State, Zip Code)

1255 W. 15th Street, Suite 320, Plano, Texas 75075

Check Box(es) that Apply:[]Promoter []Beneficial Owner []Executive Officer []Director [] General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:[]Promoter []Beneficial []Owner []Executive Officer []Director [] General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:[]Promoter []Beneficial Owner []Executive Officer []Director []General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

						B. INF	ORMAT	TON AB	OUT OF	FERING	Ĵ			
1.	Has the	issuer so	old, or do	es the issu	uer intend	i to sell, t	o non-ac	credited i	nvestors i	n this of	ering?			Yes No [X] []
			Α	nswer als	o in App	endix, Co	lumn 2,	if filing u	nder ULC	DE.				
2.	What is	the min						-						¢ 50,000
۷.						-		-						\$ <u>50,000</u> Yes No
3.	Does th	e offerin	g permit	joint own	ership of	a single u	ınit?	• • • • • • • • • • • • • • • • • • • •						[X] []
4.	or similisted is of the b	ar remur an assoc roker or	ieration fo iated peri dealer. If:	or solicita	tion of p ent of a but five (5) u	urchasers roker or de persons to	in conne	ection with	h sales of	securitie	s in the c	offering. I	any commission f a person to be es, list the name ller, you may set	
Full N	ame (Las	t name fi	rst, if ind	ividual)										
	N/A					01: 0:								
Busine	ess or Re	sidence A	Address (I	Number a	nd Street,	, City, Sta	ite, Zip C	(ode)						
Name	of Assoc	iated Bro	ker or De	ealer									<u> </u>	
States (C	heck "Al	States"	Listed Ha or check	individua	l States).	nds to Sol	•••••						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[] All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full N			irst, if inc											
				-										
Busine	ess or Re	sidence A	Address (1	Number a	nd Street	, City, Sta	ite, Zip C	Code)						
Name	of Assoc	iated Bro	ker or De	ealer										
States (C	in Which heck "Al	Person States"	Listed Ha	s Solicite individua	d or Inter	nds to Sol	licit Purc	hasers						[] All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	[] All States
Full N	ame (Las	t name fi	rst, if ind	ividual)										
Rusine	ess or Re	sidence 4	Address ()	Vumber a	nd Street	, City, Sta	ite Zin C	ode)						
Dusiii	233 OI ICC	sidelice r	iuuress (i	vamoer a	na Street	, City, Sie	ite, Zip C	ouc)						
Name	of Assoc	iated Bro	ker or De	ealer		· · · · · · · · · · · · · · · · · · ·				-				
States	in Which	Person	Listed Ha	s Solicite	d or Inter	nds to Sol	icit Purc	hasers						F 1 All Ctates
(C	INCER AI [AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	individua [AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	[] All States
				(Use b	lank shee	et, or copy	and use	additiona	al copies	of this sh	eet, as ne	cessary.)		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0	\$
	Equity —Common Stock	\$ <u>10,000,000</u>	\$
	[X] Common [] Preferred		
	Convertible Securities (including warrants)	\$0	\$
	Partnership Interests	\$0	\$0
	Other (Specify)	\$ -0-	\$ -0-
	Total	\$ 10,000,000	\$ -0-
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchase on the total lines. Enter "0" if answer is "none" or "zero."	Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	-0-	\$
	Non-accredited Investors		\$
	Other Total (for filings under Rule 504 only)	N/A	\$ \$N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505 N/A		\$
	Regulation A		\$
	Rule 504 N/A		\$
	Total		\$
4.	a. Furnish a statement for all expenses in connection with the issuance and distribution of the securi Exclude amounts in relating solely to organization expenses of the issuer. The information may be given contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the	as subject to future	
	Transfer Agent's Fees	[]	\$
	Printing and Engraving Costs	[]	\$ <u>10,000</u>
	Legal Fees	[]	\$ 25,000
	Accounting Fees	[]	\$
	Engineering Fees	[]	\$
	Sales Commissions (specify finders' fees separately)	[]	\$
	Other Expenses (identify) Organizational and Travel	[]	\$ 15,000
	Total	[]	\$_50,000

	C. OFFERING PR	ICE, NUMBER OF INVESTORS, EXPENSES AND USE	E OF P	ROCEEDS	
		offering price given in response to Part C-Question 1 and 4.a. This difference is the "adjusted gross proceeds to the issues."			\$ <u>9,950,000</u>
5.	purposes shown. If the amount for any purpose is	roceeds to the issuer used or proposed to be used for each o not known, furnish an estimate and check the box to the le ust equal the adjusted gross proceeds to the issuer set for	ft of	Payments to Officers, Directors & Affiliates	Payments To Others
	Salaries and fees			[]\$0-	[]\$0
	Purchase of real estate			[]\$0	[]\$0-
	Purchase, rental or leasing and installation	of machinery and equipment		[]\$0	[]\$0
	Construction or leasing of plant buildings	and facilities		[]\$0	[]\$0
	Acquisition of other businesses (including this offering that may be used in exchange	for the assets or securities of another			
				[]\$0-	[]\$0
	• •			[]\$0	[]\$0
,	Working capital to the Company			[]\$0-	[] \$9,950,000
	Other (specify):			[]\$0	[]\$ -0-
				[]\$0-	[]\$ 9,950,000
	Column Totals		•		(14-14-14-14-14-14-14-14-14-14-14-14-14-1
	Total Payments Listed (column totals adde	d)	•	[x] <u>\$9,950,000</u>	
		D. FEDERAL SIGNATURE			
an		the undersigned duly authorized person. If this notice is filed urities and Exchange Commission, upon written request of it of Rule 502.			
I	ssuer (Print or Type)	Signature I	Date		
	Carbonyx, Inc.		08	24/04	
ì	Jame of Signer (Print or Type)	Title of Signer (Print or Type)			
	Dr. Siddhartha Gaur	President & Chief Executive Officer			
		•			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

	E. STATE SIGNATURE		
		Yes	No
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?	[]	[x]
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature/	Date
Carbonyx, Inc.		08/27/04
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Dr. Siddhartha Gaur	President & Chief Executive Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2 3				5					
	Intend to non-acc invest Sta (Part B-	credited fors in ate	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Units of Common Stock	Number of accredited investors	accredited non-accredited				No	
AL										
AK										
AZ										
AR										
CA										
со										
СТ										
DE										
DC										
FL										
GA										
НІ										
ID										
IL										
IN										
IA										
KS										
KY			-							
LA										
МЕ										
MD										
MA										
MI										
MN										
MS										
МО										

APPENDIX

1	2	2	3		5				
	Intend to non-acco invest Sta (Part B-	credited ors in ate	Type of security and aggregate offering price offered in state (Part C-Item 1)	Тур	Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Units of Common Stock	Number of accredited investors	Amount	Number of non-accredited investors	Amount	Yes	No
MT									
NE	,								
NV									
NH	·								
NJ									
NM									
NY									
NC									
ND	,								
ОН									
ОК									
OR					_				
PA									
RI									
sc									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
wv									
WI									
WY									
PR					<u>L</u>				